Questions submitted by committee member Tennity in the section General for all groups (to stimulate conversation):

1. Why is/isn't a registry sufficient versus licensure? Or to do nothing at all?
2. What would be the cost of a registry versus a cost for licensure?
3. Who would administer a "Competency Assessment" for Surgical Technologists in a registry program?
4. There were many physician letters' with the previous SFA proposal, but where is the Nebraska Medical Association on this?

1) In addition to the patient safety concerns that exist related to the lack of regulation of the profession of surgical technology, the current delegation by the surgeon to the surgical technologist which occurs daily in operating rooms across the state is contrary to the current state law that was outlined in the 1898 case Howard Paul vs. State of Nebraska which states that licensed physicians cannot delegate to unlicensed personnel which the surgical technologist is currently considered. To allow the delegation by the surgeon to the surgical technologist to continue without the potential of this practice as being seen as unlawful, a license for surgical technologists needs to be established. Some have argued that the ruling from the Howard Paul case is outdated and does not apply to current practice.

If the Howard Paul case is off the table, a strengthened version of the registry for surgical technologists that was proposed during the surgical first assistant 407 process would be sufficient to protect the public. The strengthened version of the registry would need to require that all registrants be graduates of an accredited surgical technology program and have passed the national surgical technologist certifying exam. We would propose that a grandfather clause for this registry still be implemented for a period of one year during which all applicants who are currently working as a surgical technologist are able to become registered if the appropriate paperwork is completed. The applicant group recommends that these individuals have their competency assessed by a licensed health care practitioner as well as supplying proof of current employment prior to being placed on the registry. It is recommended that those individuals who are placed on the registry during the grandfathering period that have not passed the national surgical technologist exam, be held to the same continuing competency requirements established by the board that administers the registry as those who are placed on the registry through passage of the national surgical technologist certifying exam.

However, if the Howard Paul case has been applied once as it was in relation to the practice of the surgical assistant, the ruling does have the potential to be applied again to any number of the tasks that are performed by the surgical technologist that are delegated by the surgeon. The following is a list of a few of the complicated and complex tasks that are delegated by the surgeon to the surgical technologists that are performed on a regular basis:

- Dislocation and reduction of the hip joint on a Total Hip Arthroplasty
- Advancing k-wires through guides placed by the surgeon
- Advancing screws or other fixation devices as surgeon holds reduction on the fracture site
- Tapping with a mallet on an osteotome held by the surgeon to split bone on a rhinoplasty
- Tapping with a mallet on a tap held by a surgeon to create a hole in the humeral head for placement of a shoulder anchor
- Advancing the glidewire and stent into the ureter through a cystoscope held by the surgeon
- Manipulating a uterus to for visualization on a laparoscopic hysterectomy procedure
- Retracting the lobe of the liver with a grasper to facilitate visualization of the gallbladder during a laparoscopic cholecystectomy
- Manually retracting and stabilizing the heart as the surgeon performs coronary artery bypass

In fact through the application of Howard Paul resulting in a cease and desist of the practice of the surgical assistant, tasks that the surgical technologists were performing prior to the cease and desist order that was issued by the Department of Health and Human Services have been restricted on an inconsistent basis from one facility to another. These tasks include the application of skin staples performed in conjunction with a licensed health care practitioner who approximates the wound edges, application of Dermabond skin adhesive, and application of certain types of wound dressings such as steri-strips. Recommendations to hospitals from DHHS related to the surgical technologist's ability to perform these tasks has been inconsistent. Some facilities have restricted them completely and others continue to allow them to be performed. Facilities now on a daily basis question the practice of the surgical technologist and the legality of each of the tasks that is performed. This inconsistency further supports the need to adequately establish that the delegation by the surgeon to the surgical technologist is allowed through the creation of a license for surgical technologists in the state.

2) As referenced in question number three to the applicant from committee member Tennity, it will be up to the board that administers the license or the registration for the surgical technologist in the state of Nebraska to determine the cost of maintaining licensure or registration as well as the renewal period.

3) It is the opinion of the Nebraska State Assembly of the Association of Surgical Technologists that it will be very difficult to identify an unbiased qualified licensed individual to administer a competency assessment for surgical technologist seeking registration. For example, an OR director who is a registered nurse that is attempting to employ an individual in their operating room to fill a surgical technologist position has a vested interest in identifying the individual as competent and eligible for registration so that the individual is allowed to be employed in their facility. It is necessary for the individual that administers the competency assessment to have a background and experience in the operating room. The operating room is a unique environment, one that many licensed health care professionals do not practice in, making them ill-equipped to properly determine if a surgical technologist seeking to be on the registry is competent in the tasks that are required to be assessed. Due to the difficulty to establish requirements for the individual that administers the competency assessment, we recommend that an educational requirement be associated with the registry to establish competence of surgical technologists seeking registration rather than a competency assessment.

4) Two letters from surgeons that were submitted during the surgical first assistant credentialing review have been included for your reference. Both of these letters support licensure of surgical assistants as well as surgical technologists. These two letters represent the opinions of seven surgeons in the Lincoln area.